

acc 6/2/09

PRINTED: 04/09/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4519ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2009
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NAME OF PROVIDER OR SUPPLIER ACTION I	STREET ADDRESS, CITY, STATE, ZIP CODE 3660 EL RANCHO DRIVE SPARKS, NV 89433
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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RECEIVED
APR 24 2009
BUREAU OF LICENSURE AND CERTIFICATION
CARSON CITY, NEVADA

D 000 Initial Comment

The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.

This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 3/30/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.

The facility is licensed for ten residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was six. Six resident files and eleven employee files were reviewed. One discharged resident file was reviewed.

D 035 SS=F NAC 449.098(3)) Preparations for disaster

3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill must be retained in the facility for not less than 12 months after the drill is conducted.

This Regulation is not met as evidenced by: Based on record review and interviews on 3/30/09, the facility had never conducted an annual disaster drill.

Findings include:

The fire drill log was reviewed, but did not contain any evidence the facility conducted an annual disaster drill. Staff persons reported they were unaware they needed to conduct disaster drills

D 000

D 035

D235

a) Vitality Center/ACTIONS corrected the deficiency by blister packing client medications and allowing clients to punch out one dose at a time.

O/KPL

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Contacted the BHCQC recommended pharmacy and started blister packaging all client medications. 2) Revised the self-administration of medication policy and procedure 3) Trained staff members on the new policy and procedure for self-administration of medication.

Vitality Center/ACTIONS will monitor the correction by ongoing staff training in the new self-administration of medication policy and procedure.

The staff member assigned to monitor the correction is the Regional Program Manager.

c) The expected completion date is 4-17-09.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE CEO

(X6) DATE 4-21-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Dorothy B. North

If continuation sheet 1 of 1

Bureau of Health Care Quality & Compliance

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D 035	Continued From page 1 annually. Severity: 2 Scope: 3	D 035	D035 a) Vitality Center/ACTIONS corrected the deficiency to ensure that a disaster drill is conducted at least annually and records are maintained by the facility for not less than 12-months after the drill is conducted. <i>OK R</i> b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS administration was given an Emergency Preparedness Plan which includes an Emergency Preparedness Drill log sheet. 2) An emergency preparedness drill will take place within 2 weeks; and 3) The planned and future emergency preparedness drills and staff training were added to the Vitality Unlimited master planning calendar. <i>OK R</i> Vitality Center/ACTIONS will monitor the correction by ongoing staff training on emergency preparedness and annual drills. The staff member assigned to monitor the correction is the Regional Program Manager. c) The completion date was 5-4-09.		
D 094 SS=A	NAC 449.114(9)(f) Employees 9. A personnel record must be maintained for each employee. The record must contain: (f) Job performance evaluations; This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility did not perform a job performance evaluation on 1 of 5 employees employed longer than a year. Findings include: Employee #10 - Hire date was 2/28/08. The employee's file did not contain an annual performance evaluation. Severity: 1 Scope: 1	D 094			
D 122 SS=F	NAC 449.126(2) Laundry 2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair. This Regulation is not met as evidenced by: Based on observation and interview on 3/30/09, the laundry room was not maintained in a sanitary manner and was not properly ventilated.	D 122			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 2 of 1

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4619ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2008
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NAME OF PROVIDER OR SUPPLIER ACTION I	STREET ADDRESS, CITY, STATE, ZIP CODE 3660 EL RANCHO DRIVE SPARKS, NV 89433
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 122	Continued From page 2 Findings include: The area behind the dryer had a build-up of lint and debris. According to the maintenance man, the dryer was not vented to the outside. The maintenance man stated the dryer was vented underneath the house and the line was broken. Severity: 2 Scope: 3	D 122	D094 a) Vitality Center/ACTIONS has corrected the deficiency by completing the annual performance evaluation and updating the personnel file of employee #10. b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) adding annual employee performance evaluations to the Vitality Unlimited master planning calendar. Vitality Center/ACTIONS will monitor the correction by having Human Resources and the Regional Program Manager confer regarding dates of annual performance evaluations and add these dates to the Vitality Unlimited master planning calendar. The staff members assigned to monitor the correction is the Regional Program Manager and the Human Resources Coordinator. c) The completion date was 3-31-09.	
D 132 SS=D	NAC 449.129(3) Construction Standards 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled "New Hotels and Dormitories," of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled "Lodging or Rooming Houses," of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. This Regulation is not met as evidenced by: 28 NEW HOTELS and DORMITORIES 28.2.9 Emergency Lighting 28.2.9.1 Emergency lighting in accordance with Section 7.9 shall be provided. 7.9 Emergency Lighting 7.9.2.3 The emergency lighting system shall be	D 132		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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NAME OF PROVIDER OR SUPPLIER ACTION I			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 EL RANCHO DRIVE SPARKS, NV 89433		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 132	<p>Continued From page 3</p> <p>arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following:</p> <p>(1) Failure of a public utility or other outside electrical power supply.</p> <p>Based on observation on 3/30/09, it was determined the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES.</p> <p>Findings include:</p> <p>On the main floor of the facility, the emergency light did not illuminate when tested.</p> <p>Severity: 2 Scope: 1</p>	D 132	<p>D122</p> <p>a) Vitality Center/ACTIONS has corrected the deficiency by cleaning the built up lint and debris from the laundry room dryer; cleaning and repairing the broken dryer vent.</p> <p>b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) adding the cleaning and checking of the dryer vent to the facility maintenance schedule.</p> <p>Vitality Center/ACTIONS will monitor the correction by having Regional Program Manager check that the facility maintenance schedule is being adhered to.</p>		
D 217 SS=F	<p>NAC 449.141(9) Health Services</p> <p>9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility did not ensure that 11 of 11 staff members had evidence of first aid training.</p> <p>Findings include:</p> <p>All eleven employee files did not contain evidence of first aid training.</p>	D 217	<p>The staff members assigned to monitor the correction is the Regional Program Manager and the Facility Supervisor.</p> <p>c) The completion date was 3-31-09.</p>		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4519ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/30/2009
NAME OF PROVIDER OR SUPPLIER ACTION I			STREET ADDRESS, CITY, STATE, ZIP CODE 3660 EL RANCHO DRIVE SPARKS, NV 89433		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 217	Continued From page 4 Severity: 2 Scope: 3	D 217	<p>D132</p> <p>a) Vitality Center/ACTIONS has corrected the deficiency by replacing the light bulb in the emergency light.</p> <p>b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) adding testing the emergency lights and replacing bulbs as required to the facility maintenance schedule.</p> <p>Vitality Center/ACTIONS will monitor the correction by having Regional Program Manager check that the facility maintenance schedule is being adhered to.</p> <p>The staff members assigned to monitor the correction is the Regional Program Manager and the Facility Supervisor.</p> <p>c) The completion date was 3-31-09.</p>		
D 235 SS=F	<p>NAC 449.144(4) Medication</p> <p>4. Members of the staff may not administer any medication unless licensed to do so.</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews from 3/30/09, the facility was allowing unlicensed staff to administer medications to 6 of 6 residents.</p> <p>Findings include:</p> <p>A rehabilitation technician (RT) reported when it was time for medications to be administered during the day, she opened resident medication bottles, removed the appropriate number of pills from the bottles, placed the pills in a cup and gave the cup to the resident to swallow their pills. Residents did not open their own medication bottles and take out their own pills. Since she was not on duty during the evening medication pass, she would take pills out of the resident medication bottles and placed them in weekly pill dispensers before she left for the day. Each pill dispenser was labeled with individual resident names and the evening shift would give the pill dispensers to the residents so they could take their pills. The manager reported the facility was supposed to switch to a daily "bubblepack" medication system, but she could not find a local pharmacy to package resident medications in this manner.</p> <p>Record review revealed a policy titled "Medication" which instructed the RTs to place the proper dosage from the client's individually</p>	D 235			

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NAME OF PROVIDER OR SUPPLIER ACTION 1			STREET ADDRESS, CITY, STATE, ZIP CODE 3880 EL RANCHO DRIVE SPARKS, NV 89433		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 235	Continued From page 5 marked container into a small plastic or paper medication dispenser cup and placed the cup on the counter. The policy also revealed that only licensed staff members were to administer medications and that staff were to be trained in the observation of self-administered medications. Record review of employee files revealed that none of the RTs were licensed nurses. Severity: 2 Scope: 3	D 235	D217 a) Vitality Center/ACTIONS corrected the deficiency to ensure that staff members have received first aid training and evidence of training is maintained in employee files. <i>OK PC</i> b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS staff was provided first aid training 4-13-09. 2) New staff first aid training reminders were added to the Vitality Unlimited master planning schedule. Vitality Center/ACTIONS will monitor the correction by ongoing staff training in first aid. The staff member assigned to monitor the correction is the Regional Program Manager. c) The completion date was 4-13-09.		
D 246 SS=F	NAC 449.147(2) Dietary Services 2. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility failed to plan menus that met the nutritional needs of adolescents. Findings include: A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietician. The manager reported the facility did not have a dietician to plan menus, so they were using old "Nutri-Kid" menus to prepare meals. Severity: 2 Scope: 3	D 246			
D 247 SS=F	NAC 449.147(3) Dietary Services	D 247			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.
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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4518ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/30/2009
NAME OF PROVIDER OR SUPPLIER ACTION I			STREET ADDRESS, CITY, STATE, ZIP CODE 3660 EL RANCHO DRIVE SPARKS, NV 89433		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 247	Continued From page 6 3. Therapeutic menus must be planned by a qualified dietitian or must be reviewed and approved by the client's attending or staff physician. This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility did not employ a dietitian to plan therapeutic menus or have therapeutic menus reviewed and approved by a resident's physician. Findings include: A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietitian. The manager reported the facility did not employ a dietitian to plan therapeutic menus. Severity: 2 Scope: 3	D 247	D235 a) Vitality Center/ACTIONS corrected the deficiency by blister packing client medications and allowing clients to punch out one dose at a time. b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Contacted the BHCQC recommended pharmacy and started blister packaging all client medications. 2) Revised the self-administration of medication policy and procedure 3) Trained staff members on the new policy and procedure for self-administration of medication. c) Vitality Center/ACTIONS will monitor the correction by ongoing staff training in the new self-administration of medication policy and procedure. The staff member assigned to monitor the correction is the Regional Program Manager. c) The expected completion date is 4-17-09.	OK PC	
D 253 SS=F	NAC 449.147(9) Dietary Services 9. A qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician. This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility did not have a contract with a dietitian for the planning of meals and serving of food. Findings include:	D 253			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4518ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2009
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D 253

Continued From page 7

A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietician.

During an interview with the manager, the manager reported the facility did not employ or have a current contract with a Registered Dietitian or other qualified person for consultation for planning meals and serving food.

Severity: 2 Scope: 3

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SS=F

Final Comments

This Regulation is not met as evidenced by: NRS 652.060 "Medical laboratory" defined. "Medical laboratory" means any facility for microbiological, serological, immunohematological (blood banking), cytological, histological, chemical, hematological, biophysical, toxicological, or other methods of examination of tissues, secretions or excretions of the human body. The term does not include a forensic laboratory operated by a law enforcement agency.

NRS 652.080 License required; term; renewal; inactive status; licensure of laboratory located outside state.

1. Except as otherwise provided in NRS 652.217 and NRS 652.235, no person may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the Health Division pursuant to the provisions of this chapter.

2. A license issued pursuant to the provisions of subsection 1 is valid for 24 months and is renewable biennially on or before the date of its

D 253

DK999

D246

a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician. *OK PC*

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.

Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after
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Bureau of Health Care Quality & Compliance

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DK999	<p>Continued From page 8</p> <p>expiration.</p> <p>3. No license may be issued to a laboratory which does not have a laboratory director.</p> <p>4. A license may be placed in an inactive status upon the approval of the Health Division and the payment of current fees.</p> <p>5. The Health Division may require a laboratory that is located outside of this state to be licensed in accordance with the provisions of this chapter before the laboratory may examine any specimens collected within this state if the Health Division determines that the licensure is necessary to protect the public health, safety and welfare of the residents of this state.</p> <p>Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents.</p> <p>Findings include:</p> <p>Employee #11's file contained a valid State Laboratory Assistant license, but the facility did not have a State Laboratory license associated with the facility's address to conduct urine screening tests on resident urine.</p> <p>Severity: 2 Scope: 3-</p>	DK999	<p>D247</p> <p>a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician. <i>OK PC</i></p> <p>b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.</p> <p>Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.</p>	

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STATE FORM 8899 9

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

D253

a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.

OKP

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.

Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

DK99

a) Vitality Center/ACTIONS are working on a correction by completing and submitting the documentation required for and exempt laboratory license at ACTIONS.

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b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS was waiting for the required drug test training certificates to be sent from the drug test distributor prior to submitting the application. 2) These certificates were received 4-20-09. 3) The required documents and application will be completed and submitted to the BHCQC.

Vitality Center/ACTIONS will monitor the correction by having new staff take the drug test training and completing applications; submitting laboratory personnel certification applications as required; and maintaining exempt laboratory license.

The staff members assigned to monitor the correction is the Regional Program Manager.

c) The completion date was 5-1-09.